

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | 182      | 7533   | 5-5-00  |
| O.I.P.E. CLASSIFIER       |          |        |         |
| FORMALITY REVIEW          |          |        |         |
| RESPONSE FORMALITY REVIEW |          | 60871  | 7-10-00 |

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Final | Original | Date     |
|-------|-------|----------|----------|
| 1     | ✓     | ✓        | 03/02    |
| 2     | ✓     | ✓        | 11/15/04 |
| 3     | ✓     | ✓        | 4-29-04  |
| 4     | ✓     | ✓        |          |
| 5     | ✓     | ✓        |          |
| 6     | ✓     | ✓        |          |
| 7     | ✓     | ✓        |          |
| 8     | ✓     | ✓        |          |
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| 12    | ✓     | ✓        |          |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy